COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

TRAVEL REQUEST

DO NOT TYPE/ WRITE IN THIS AREA

OAD Date Received: _____ Approved/Denied Status: _____

Request Number: _____ Date Trip Canceled: _____

DATE PREPARED: _____ BUREAU/ DIVISION: _____

NAME: _____ CURRENT PAYROLL TITLE: _____

UNIT NUMBER (COST CENTER): #_____ EMPLOYEE NUMBER: #_____ Unique Item No. (Only for MHSA funding): #_____

EMPLOYEE/CONTACT FAX #: ( )_____ CONTACT NAME: _____ CONTACT#: ( )_____

E-MAIL ADDRESS: _____ ☐ MHSA LABOR RECORDS (mark (x) if labor records are submitted

DESTINATION AND DATE (including intermediate stops if necessary):

PURPOSE AND JUSTIFICATION of TRIP: (Attach Conference/Meeting/Training Information) Include title of meeting, conference, etc. and the sponsor. Also indicate the topics that will be reviewed and discussed as well as the benefit to the County in attending. (Attach a separate page if additional justification is needed.):

EXPENSES to be AUTHORIZED (Mark each item requested)

- ☐ Salary
- ☐ YCAL/VCAL/Agency _____ $_____
- ☐ Travel Agency _____ $_____
- ☐ Ground Transportation $_____
- ☐ Registration $_____
- ☐ Lodging $ _____ Shared ☐ Y ☐ N
- ☐ Meals $_____
- ☐ Incidentals $_____
- ☐ Other $ _____ (Describe Other)

TOTAL ESTIMATED COST OF TRIP $ 0.00

MODE of TRAVEL (if at County expense):

☐ Airplane ☐ Privately Owned Auto ☐ Rental Car ☐ Public Carrier (Bus, Rail, Shuttle, and Taxi) ☐ Train (AMTRAK) ☐ Boat (Catalina Island Only)

TRAVEL TIME:

GOING: Date of Departure: _____ a.m. ☐ p.m. ☐ RETURN: Date of Arrival: _____ a.m. ☐ p.m. ☐

☐ TRAVEL ADVANCE REQUESTED (If yes, attach Travel Advance Request Form and a justification) ($_____ OAD USE ONLY)

☐ SALARY ONLY TRAVEL (Who pays expenses other than salary?): _____

_____
District Chief/Program Head/Division Chief Date

_____
Executive Manager Date

_____
Mental Health Services Act (MHSA) UNIT Date

_____
Administrative Deputy Date
(Travel Within California, AB3632, Salary Only, and Categorically Funded)

_____
Department Head/Chief Deputy Director/Medical Director Date
(Out of State and Psychiatrists)

COMMENTS

SUBMIT THIS FORM TO:

The Office of the Administrative Deputy, Travel Coordinator
550 South Vermont Avenue, Room #227, 2nd Floor Los Angeles, CA 90020